

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 121

Place of Birth Globe County Gila No. 438 Euclid St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Female</u>	<u>✓</u>		<u>2</u>

DATE OF BIRTH\* Feb 16 1923  
(Month) (Day) (Year)

FULL NAME John Caretto FATHER

FULL MAIDEN NAME Lena Zucco MOTHER

I HEREBY CERTIFY that the child described  
herein has been named

Lucille Caretto  
(Give name in full) (Surname)

Blanche Hunter  
(Parent's Signature)  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M-8-42-Bower Co.

336-216-396